

4761

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 119

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 432

Town of \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

or \_\_\_\_\_

City of Globe

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

FULL NAME OF CHILD

Ramon Sandoval

Born YES

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Alive ☒

|   |   |  |  |                        |  |
|---|---|--|--|------------------------|--|
| Sex of Child <u>Male</u>                | Twin, Triplet or other _____                          | and _____  | Number in order of birth _____         | Legitimate? <u>yes</u> | Date of Birth <u>Sept 14 1922</u><br>(Month) (Day) (Yr.) |
| FATHER                                  |   |  | MOTHER                                 |                        |  |
| Full Name <u>Ramon Sandoval</u>         |   |  | Full Maiden Name <u>Maria Garrero</u>  |                        |  |
| Residence <u>Globe, Arizona</u>         |   |  | Residence <u>Globe, Ariz.</u>          |                        |  |
| Color or Race <u>Mexican</u>            | Age at last Birthday <u>26</u><br>(Years)             | Color or Race <u>Mexican</u> Age at last Birthday <u>26</u><br>(Years) |  |                        |  |
| Birthplace <u>Mexico</u>                |   |  | Birthplace <u>Lordsburg New Mexico</u> |                        |  |
| Occupation <u>Labores</u>               |   |  | Occupation <u>Housewife</u>            |                        |  |
| Number of Child of this mother <u>3</u> | Number of children of this mother now living <u>3</u> | Were precautions taken against Ophthalmia neonatorum? <u>yes</u>       |  |                        |  |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child, and that it occurred on Sept 14 1922, at 3:30 P.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Alvin Forman M.D.  
(Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 192 \_\_\_\_\_

Address Globe, Arizona  
B.S. J. G.Filed Sept 17 1922

LOCAL REGISTRAR.

923-914-476Filed Oct 5 1922 A True CopyB.S. J. G.

COUNTY REGISTRAR.

COUNTY REGISTRAR.